## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

CYPR-CDOIT

| CLAIMS AS FILED - PAF<br>(Column 1)                      |                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                      |               | (Column 2)                      |                  |                                              | SMALL ENTITY TYPE  |                        | OTHER THAN OR SMALL ENTITY |                     |                                                  |
|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------|---------------|---------------------------------|------------------|----------------------------------------------|--------------------|------------------------|----------------------------|---------------------|--------------------------------------------------|
| TOTAL CLAIMS                                             |                                                                                                                                                                                                                                                                                                                                                                                                            |                                           | 41                   |               |                                 |                  | Γ                                            | RATE               | FEE                    | [                          | RATE                | FEE                                              |
| FOR                                                      |                                                                                                                                                                                                                                                                                                                                                                                                            |                                           | NUMBER FILED         |               | NUMBER EXTRA                    |                  | В                                            | ASIC FEE           | 370.00                 | OR                         | BASIC FEE           | 740.00                                           |
| TOTAL CHARGEABLE CLAIMS                                  |                                                                                                                                                                                                                                                                                                                                                                                                            |                                           | <u>i</u> 1 minus 20= |               | * 9 \                           |                  |                                              | X\$ 9=             |                        | OR                         | X\$18=              | 318                                              |
| INDEPENDENT CLAIMS                                       |                                                                                                                                                                                                                                                                                                                                                                                                            |                                           | $\Re$ minus 3 =      |               | * 3                             |                  |                                              | X42=               |                        | OR                         | X84=                | <b>২</b>                                         |
| MULTIPLE DEPENDENT CLAIM PRESENT                         |                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                      |               |                                 |                  |                                              | +140=              |                        | OR                         | +280=               |                                                  |
| * If the difference in column 1 is less than zero, enter |                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                      |               | r "0" in c                      | column 2         | <u>.                                    </u> | TOTAL              |                        | OR                         | TOTAL               | 1370                                             |
|                                                          |                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                      |               |                                 | (Column 3)       |                                              | SMALL E            | ENTITY                 | OR                         | OTHER<br>SMALL I    |                                                  |
| AMENDMENT A                                              |                                                                                                                                                                                                                                                                                                                                                                                                            | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                      | NUM<br>PREVI  | HEST<br>MBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA |                                              | RATE               | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE                           |
|                                                          | Total                                                                                                                                                                                                                                                                                                                                                                                                      | *                                         | Minus                | **            |                                 | =                |                                              | X\$ 9=             |                        | OR                         | X\$18=              |                                                  |
|                                                          | Independent                                                                                                                                                                                                                                                                                                                                                                                                | *                                         | Minus                | ***           | T 01 4114                       | =                |                                              | X42=               |                        | OR                         | X84=                |                                                  |
|                                                          | FIRST PRESE                                                                                                                                                                                                                                                                                                                                                                                                | NTATION OF M                              | ULTIPLE DE           | PENUEN        | I CLAIM                         |                  | ' [                                          | +140=.             |                        | OR                         | +280=               |                                                  |
|                                                          |                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                      |               |                                 |                  | L                                            | TOTAL<br>ODIT. FEE |                        |                            | TOTAL<br>ADDIT, FEE |                                                  |
|                                                          |                                                                                                                                                                                                                                                                                                                                                                                                            | (Column 1)                                | ·                    |               | ımn 2)_                         | (Column 3)       |                                              |                    |                        | •                          |                     | •                                                |
| AMENDMENT B.                                             |                                                                                                                                                                                                                                                                                                                                                                                                            | CLAIMS REMAINING AFTER AMENDMENT          |                      | - NUI<br>PREV | HEST<br>MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA |                                              | RATE               | ADDI-<br>TIONAL<br>FEE | •                          | RATE                | ADDI-<br>TIONAL<br>FEE                           |
|                                                          | Total                                                                                                                                                                                                                                                                                                                                                                                                      | *                                         | Minus                | **            |                                 | =                | ]                                            | X\$ 9=             |                        | OR                         | X\$18=              |                                                  |
|                                                          | Independent                                                                                                                                                                                                                                                                                                                                                                                                | *                                         | Minus                | ***           | T CL AIL                        | ]=               | 1 [                                          | X42=               |                        | OR                         | X84=                |                                                  |
| L_                                                       | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                                                                                                             |                                           |                      |               |                                 |                  |                                              | +140=              |                        | OR                         | +280=               |                                                  |
|                                                          |                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                      |               |                                 |                  | L.<br>Al                                     | TOTAL<br>DDIT. FEE |                        | OR                         | TOTAL<br>ADDIT. FEE |                                                  |
|                                                          |                                                                                                                                                                                                                                                                                                                                                                                                            | (Column 1)                                |                      |               | ımn 2)                          | (Column 3)       |                                              |                    |                        |                            |                     |                                                  |
| AMENDMENT C                                              |                                                                                                                                                                                                                                                                                                                                                                                                            | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                      | NUI<br>PREV   | HEST<br>MBER<br>YOUSLY<br>D FOR | PRESENT<br>EXTRA |                                              | RATE               | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE                           |
|                                                          | Total                                                                                                                                                                                                                                                                                                                                                                                                      | *                                         | Minus                | **            |                                 | =                | $\prod$                                      | X\$ 9=             |                        | OR                         | X\$18=              |                                                  |
|                                                          | Independent                                                                                                                                                                                                                                                                                                                                                                                                | *                                         | Minus                | rick          |                                 | =-               | ]                                            | X42=               |                        | i                          | X84=                |                                                  |
|                                                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                                                                                                             |                                           |                      |               |                                 |                  | ┙┞                                           |                    |                        | OR                         |                     | <del>                                     </del> |
|                                                          | If the entry in col-                                                                                                                                                                                                                                                                                                                                                                                       | ımn 1 is lees than t                      | the entry in co      | nlumn 2 wr    | ite "O" in o                    | olumo 3          | L                                            | +140=              |                        | OR                         | +280=               |                                                  |
| **                                                       | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                           |                      |               |                                 |                  |                                              |                    |                        |                            |                     |                                                  |